



# Leadership Renewal Application

## FOR

### CALENDAR YEAR 2020

*ANDI International*

74 Woodcleft Ave., Freeport NY 11520 USA

e-mail: [ANDI@andihq.com](mailto:ANDI@andihq.com) Website : [www.andihq.com](http://www.andihq.com) Tel : 516-546-2026 • fax: 516-546-6010

**First time Registration Fee: US\$ 25.00 USA address only / US\$ 40.00 non - USA address**  
**Annual Renewal Fee (prior to Jan 15, 2020):US\$ 25.00 USA address only / US\$ 40.00 non - USA address**  
**Annual Renewal Fee (after Jan 15, 2020):US\$ 45.00 USA address only / US\$ 60.00 non - USA address**

Name \_\_\_\_\_ ANDI No. \_\_\_\_\_  
[Last Name] [First Name] [Middle Name]

Address \_\_\_\_\_

City / State / Zip Code / Country \_\_\_\_\_

Affiliated Facility / \_\_\_\_\_ Facility # \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ FAX \_\_\_\_\_

Your E-Mail / \_\_\_\_\_  Please check here if any information above has changed since your last renewal

**Leadership Certification Level:** Original Certification Date \_\_\_\_\_ Instructor Name & No. \_\_\_\_\_

Divemaster for :  Open Water  SafeAir  Rebreather  Technical Certification Level \_\_\_\_\_

Assistant Instructor for :  Open Water  SafeAir  Rebreather  Technical Certification Level \_\_\_\_\_

Specialty Ratings \_\_\_\_\_

I certify that I have and will continue to comply with *ANDI* RHQ's professional liability insurance requirements, *ANDI* General Course Standards and Facility Standards and will maintain a current set of *ANDI* training materials and standards documents appropriate to the level(s) of my certification(s) as listed above. I have included with this application, proof of my insurance coverage if required by my RHQ which specifically names *ANDI* as an additional insured. I agree to comply with the current

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**You MUST** be recommended by a currently licensed *ANDI* Instructor to confirm your continued activity while working through a current *ANDI* Training Facility. **Check all applicable:**

- I renewed my *ANDI* membership in 2019 and complied with *ANDI* training standards and procedures.
- I did not renew my membership license in 2019  I became certified at a Leadership level during calendar year 2019.
- I attended one or more of the following during the last 12 months: (check all that apply):
  - All segments of an *ANDI* training program conducted by a licensed instructor for the rating applied.
  - An *ANDI* Update conducted by an *ANDI* Instructor Trainer.  An *ANDI* Crossover Workshop Program

Date(s) of attendance \_\_\_\_\_ Instr. Trainer Name & No. \_\_\_\_\_

**PAYMENT METHOD:** (please check ONE only)

- Check or money order in US Dollars only, payable to: *ANDI International*
- Visa Card Number \_\_\_\_\_ CV2/CSC \_\_\_\_\_ Exp.Date \_\_\_\_\_
- MasterCard Card Holder Name \_\_\_\_\_
- Am Ex Signature **X** \_\_\_\_\_

I certify that the above *ANDI* member has been performing under my direction in accordance with *ANDI* standards.

Instructor Signature **X** \_\_\_\_\_ *ANDI* # \_\_\_\_\_